

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **13393**  
Registrar's No. **3237**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>13393</b>		Registrar's No. <b>3237</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				c. LENGTH OF STAY (In this place) _____				c. CITY OR TOWN <b>Clayton</b> <b>444</b> <b>2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>				STREET ADDRESS (If rural, give location) <b>141 Brentwood Blv'd.,</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>FREDERICK</b> b. (Middle) <b>PUTNAM</b> c. (Last) <b>HANKERSON</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>4</b> <b>10</b> <b>55</b>					
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>March 12, 1903</b>		9. AGE (In years last birthday) <b>52</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Executive Dir.-Associated Cooperaage Ind. of America</b>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <b>LaCrosse, Wisconsin</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>									
13a. FATHER'S NAME <b>A. P. Hankerson</b>				13b. MOTHER'S MAIDEN NAME <b>Joanna Law</b>				14. NAME OF HUSBAND OR WIFE <b>Malvina Hankerson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>				16. SOCIAL SECURITY NO. <b>488-05-2531</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Malvina Hankerson - 141 Brentwood Blv'd.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Depressed fracture of Skull</b> <b>Operative of Brain, suffered</b> <b>callus between ears</b> <b>operated by Dr. J. H. Clark</b> <b>operated by Dr. J. H. Clark</b> <b>Intersection of Oakland and</b> <b>Franklin about 1259 am.</b>  II. OTHER SIGNIFICANT CONDITION Conditions contributing to the death but not related to the disease or condition causing death <b>April 9 1955</b> <b>Accident</b>				INTERVAL BETWEEN ONSET AND DEATH <b>20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>					
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo 000</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Apr 9 55 12</b>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E8164</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:30</b> m., from the causes and on the date stated above. <b>26</b>									
23a. SIGNATURE <b>Patrick J. Taylor Carson</b> (Degree or title) _____				23b. ADDRESS <b>1300 Clark</b>				23c. DATE SIGNED <b>4/11/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>				24b. DATE <b>4-12-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>LaCrosse, Wisconsin</b>	
DATE REC'D BY LOCAL REG. <b>APR 11 1955</b>				REGISTRAR'S SIGNATURE <b>J. C. Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. R. Lupton &amp; Sons-7233 Delmar Blvd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Arnold W. Schoene*

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.